

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040512

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

175

Primary Registration District No.

5646

Registrar's No.

240

STATE FILE NUMBER

FILE NOV 12 1963

1. PLACE OF DEATH

a. COUNTY Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Buck PrairieLength of stay in lb
12 hrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rt. # 1 MarionvilleInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Lawrence

c. CITY OR TOWN Rt. #1 Marionville

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Rt. # 1 MarionvilleReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
George Webster Gregg4. DATE OF DEATH Month Day Year
November 2, 19635. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
March 3, 19269. AGE (last birthday)
37IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Shoe Factory Worker10b. KIND OF BUSINESS OR INDUSTRY
Shoe Factory11. BIRTHPLACE (City and state or country)
Lawrence County, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Arthur Gregg

13b. MOTHER'S MAIDEN NAME

Thelma Masterson

14. NAME OF HUSBAND OR WIFE

Mrs. Beulah Gregg

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes World War # 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Beulah Gregg, Rt. #1 Marionville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

BURNED TO DEATH

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

BURNED TO DEATH IN FARM HOUSE

20c. TIME OF INJURY Hour Month, Day, Year
4:00 a.m. 11-2-6320d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
FARM

20f. CITY, TOWN, OR LOCATION COUNTY STATE

Route 1 Marionville LAWRENCE MO

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at 4:00 AM 11-2-63 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Vernon Smith Sheriff, acting coroner

22b. ADDRESS

Mt Vernon, Mo.

22c. DATE SIGNED

11-5-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

Nov. 4, 1963

23c. NAME OF CEMETERY OR CREMATORY

Odd Fellows Cemetery

23d. LOCATION (City, town, or county)

Marionville, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bradford-Surridge, Marionville, Mo.

25. DATE RECD. BY LOCAL REG.

11-6-63

26. REGISTRAR'S SIGNATURE

Leonard Busby

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0550

2 0550

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NOV 14 1961

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E-09

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by [Signature] Student Embalmer No. [Signature]

working under my personal supervision.

Student [Signature]

Signature of Student Embalmer

Signed William A. Falke

(Not Embalmed)

Licensed Embalmer No. 4658

P. O. Address Marionville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.